Chronic Disease Risk Reduction Application Process

January 29, 2016



Top 7 Things

To Know About Catalyst for This New Grant Year

- Contact your CHS with any new users
- 2. Section A & B will be not need to be completed
- 3. Section D data will be carried over from past applications
- 4. Other work plans are still available
- Opt out of work plans you will not complete
- Make sure you are ready before submission
- 7. If you have a question, call your friendly neighborhood CHS

Budget





Application

- How much will it cost to implement the work plans?
- Include detailed justifications



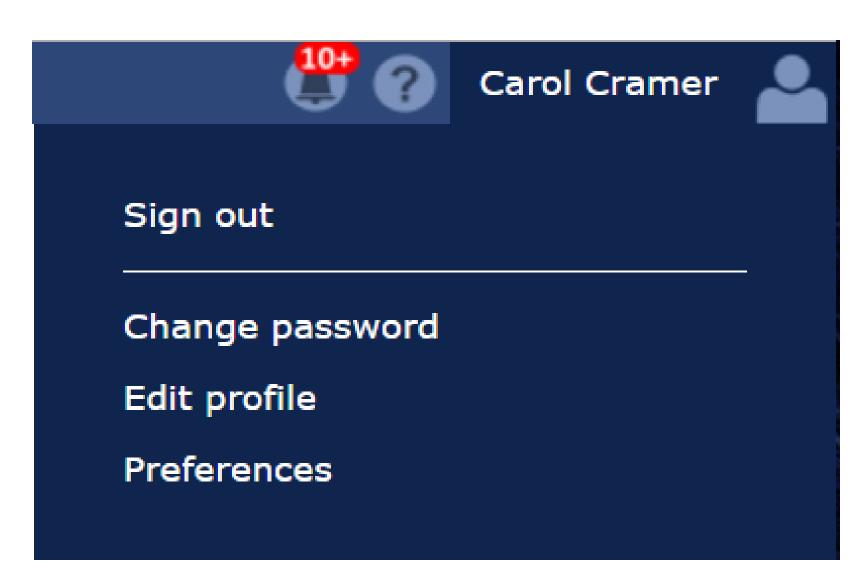


Access

- Determine who will enter budget
- Who will serve as the Fiscal Administrator?



Assign Fiscal Administrator



Organization Information

Note: Changes to the organization contact information will affect your organization's information throughout Catalyst.

Organization Name			
Address1			
Address2			
City			
State		•	
Zip Code			
County		•	
Phone Number	() ext:		
Fax Number	()		
FEIN/Tax Number			
DUNS Number			1
Fiscal Administrator		▼]	ij



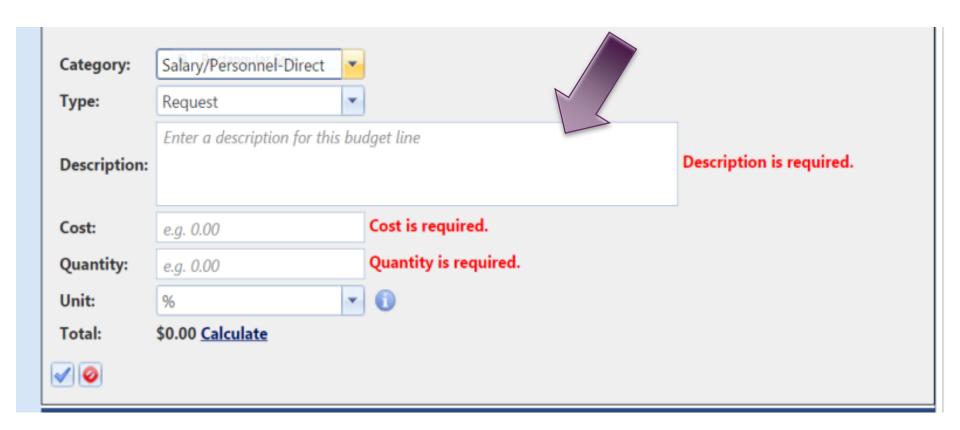
Budget Categories

- Salary/Personnel {provide detailed description of staff responsibilities}
- Benefits
- Supplies
- Travel
- Subcontractors
- Paid Media
- Other





Salary/Personnel





Subcontractors

Category:	Subcontractors		
Type:	Request		
Description:	Enter a description for this bu	dget line	Description is required.
Cost:	e.g. 0.00	Cost is required.	
Quantity:	e.g. 0.00	Quantity is required.	
Unit:	#	1	
Total:	\$0.00 <u>Calculate</u>		
✓			



Paid Media

Category:	Paid Media		
Туре:	Request		
Description:	Enter a description for this bu	dget line	Description is required.
Cost:	e.g. 0.00	Cost is required.	
Quantity:	e.g. 0.00	Quantity is required.	
Unit:	#	1	
Total:	\$0.00 <u>Calculate</u>		
✓ ⊘			



Budget Categories

- Salary/Personnel {provide detailed description of staff responsibilities}
- Benefits
- Supplies
- Travel
- Subcontractors
- Paid Media
- Other





Salary Worksheet

Please complete salary spreadsheet & enter information in blank fields. Brown shaded fields will automatically populate based on information entered.

Chronic Disease Risk Reduction Salary Worksheet

Lacal	Amanau Nama.			
Local	Agency Name:			
1				
1				

	Employee Name	Position Title	Hours Worked Per Week	Percent of Time Spent on Grant per Week	Total Hours Worked Per Week	Total Salary	CDRR Total	Percent of grant time allocated to Tobacco Use Prevention	Percent of grant time allocated to Physical Activity & Nutrition	Percent of grant time allocated to Chronic Disease Self-Management
Example	Jane Doe	Coordinator	40	50%	20	\$50,000.00	\$25,000.00	50%	40%	10%
								\$12,500.00	\$10,000.00	\$2,500.00
1			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
2			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
3			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
4	***************************************		0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
5			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
6			0	0%	0	\$0.00	\$0.00	0%	0%	0%
					***************************************		***************************************	\$0.00	\$0.00	\$0.00
7			0	0%	0	\$0.00	\$0.00	0% \$0.00	0% \$0.00	0% \$0.00
8	•		0	0%	0	\$0.00	\$0.00	0%	0%	0%
0				0%		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9			0	0%	0	\$0.00	\$0.00	0%	0%	0%
Э			0	U%		φυ.υυ	3 0.00	\$0.00	\$0.00	\$0.00
10			0	0%	0	\$0.00	\$0.00	0%	0%	0%
								\$0.00	\$0.00	\$0.00
							Salary Totals	\$0.00	\$0.00	\$0.00

Employee Name	Position Title	Hours Worked Per Week	Percent of Time Spent on Grant per Week	Total Hours Worked Per Week	Total Salary
John Smith	Manager	20	50%	10	\$0.00
		0	0%	0	\$0.00



Hours Worked Per Week	Percent of Time Spent on Grant per Week	Total Hours Worked Per Total Salary Week		CDRR Total Funded Salary	
20	50%	10	\$50,000.00	\$25,000.00	
0	0%	0	\$0.00	\$0.00	

Hours Worked Per Week	Percent of Time Spent on Grant per Week	Total Hours Worked Per Week	Total Salary	CDRR Total Funded Salary	Percent of grant time allocated to Tobacco Use Prevention	Percent of grant time allocated to Physical Activity & Nutrition	Percent of grant time allocated to Chronic Disease Self-Management
20	50%	10	\$50,000.00	\$25,000.00	50%	25%	25%
					\$12,500.00	\$6,250.00	\$6,250.00
0	0%	0	\$0.00	\$0.00	0%	0%	0%
					\$0.00	\$0.00	\$0.00





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